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JAMES N. HATTEN, Clerk
By: [Signature] Deputy Clerk

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA

ELR

VENNIE FRANQUEZ WILLIAMS,)
PRO SE)

Plaintiff,)

- vs. -)

CITY OF ATLANTA AND)
CITY OF ATLANTA)
DEPARTMENT OF CORRECTION)

Defendants.)

Civil Action No.:

1:15-CV-2342

Jury Trial Demanded

TITLE VII COMPLAINT

COME NOW Plaintiff Vennie Franquez. Williams states and alleges, upon information and belief:

1. This action is brought by Vennie Franquez Williams ("Plaintiff") to relief and protection under the provision of Title VII of the Civil Rights Act of 1964 for employment discrimination and the title of the Americans with Disabilities Act of 1990 ("title III and "ADA"), 42 U.S.C. §§ 12181 et seq., and its implementing regulations, 28 C.F.R. Part 36, against the City of Atlanta and City of Atlanta Department of Corrections ("Defendants"). Plaintiff has instituted this action based on reasonable cause of belief that Defendants have discriminated against Plaintiff

in violation of title III, and that such discrimination raises issues of general public importance. 42 U.S.C. § 12188(b)(1)(B). Plaintiff seeks declaratory and injunctive relief, damages, a civil penalty, loss wages, compensatory damages, equitable, and other relief as the court deem necessary against Defendants.

Jurisdiction and Venue

2. This Court has jurisdiction over this action pursuant to 42 U.S.C. § 2000e-5, 42 U.S.C. § 12188(b)(1)(B) and 28U.S.C. §§ 1331 and 1345. This Court may grant equitable relief, monetary damages, and a civil penalty pursuant to 42 U.S.C. § 12188(b)(2) and 28 U.S.C. §§ 2201 and 2202.

3. Venue is proper in this District pursuant to 28 U.S.C. § 1391, because a substantial part of the events or omissions given rise to this claim occurred in this District.

Parties

4. Plaintiff resides at 3485 Ellington Way, Atlanta, Georgia 30349 and he is an individual with a disability with the meaning of the ADA. 42 U.S.C. §12102(2).

5. Defendant City of Atlanta is a city managing government entity in Fulton County, Georgia having approximately 25,000.00 employees. Its principle office is at 68 Mitchell St. SW, City Hall Towers, Atlanta, Georgia 30303.

6. Defendant City of Atlanta Department of Corrections is a government entity in Fulton County, Georgia and provides a safe and secure correctional facility through partnership with the community and law enforcement having approximately from 200 to 500 employees. Its principle officer is at 254 Peachtree St., SW, Atlanta, Georgia 30303

FACTS

7. Plaintiff was diagnosed with end stage renal disease since 2003.

8. Plaintiff has been receiving hemodialysis three (3) times a week since 2003.

9. Plaintiff disability caused by end state renal disease prevents his body from making and passing urine.

10. Plaintiff was hired as a correctional officer recruit with the City of Atlanta Department of Corrections on or about June 7, 2012.

11. Plaintiff was required to submit to a urine test and informed Dr. Alton R. Greene, MD (“DR. Greene”) that his body does not make or pass urine due to his disability.

12. Dr. Greene refused to provide any alternatives for taking the drug (urine) test and refused to sign my medical exam report.

13. Plaintiff is not currently employed by Defendants.

14. Defendants provided that the reason for termination was that plaintiff failed to complete the pre-employment process.

15. Defendants' conduct is discriminatory due to plaintiff's disability.

16. Dr. Greene (medical physician) discriminated against plaintiff due to his disability by not providing alternative drug testing methods.

17. Lt. (?) Johnson (new hire supervisor) discriminated against plaintiff by terminating his employment upon learning that his disability prevents him from passing urine for a drug test during a physical examination.

18. Plaintiff has filed with the Equal Employment Opportunity Commission regarding defendants and said charge is attached to this complaint and said charges are incorporated into this complaint.

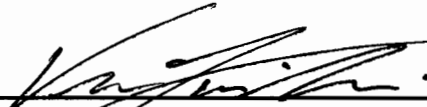
19. Plaintiff has not received a Notice of Right-to-Sue letter from the Equal Employment Opportunity Commission but has been informed that said notice was allegedly issued on or about March 2015, but was returned undelivered to plaintiff's address. Plaintiff is waiting said notice to be re-issued at this time.

WHEREFORE, Plaintiff prays that the Court grant the following relief:

- (a) That Defendants pay loss wages and back wages in the amount of
\$ 300,000.00;

- (b) That Defendants pays compensatory damages in the amount of
\$ 150,000.00;
- (c) That Defendants pay punitive damages in the amount of \$ 150,000.00;
- (d) That Defendants pay the costs and expenses of litigation;
- (e) That Defendants pay attorney's fees of plaintiff if applicable;
- (f) That Defendants pay interest against the judgment amount; and
- (g) That Plaintiff be awarded such other and further relief as equity may require
and the Court deems just and proper.

This the 30th of June, 2015.



Vennie Franquez Williams, Pro Se
3485 Ellington Way
Atlanta, GA 30349
(678) 361-6744

HR EMPLOYEE MAINTENANCE TURNAROUND DOCUMENT (TAD)

EFFECTIVE DATE: 7/24/2012

EMPLOYEE ID NUMBER 34770

PEOPLE DATA

Name WILLIAMS, VENNIE

SSN _____

CURRENT WORK ASSIGNMENT

Person Group: ☐ General ☒ Correction Sworn ☐ Fire Sworn ☐ Police Sworn

Position# 54148 Job Title Corr Officer

Grade 10 Step _

Hourly Rate \$14.46 Annual Rate \$30,081.00

Department Corrections

FOC: ☒ YES ☐ NO Job Code 421020 Job Title Corr Officer Recruit

Assignment Category: ☒ Full-time Regular ☐ Full-time Temp ☐ Part-time Regular ☐ Part-time Temp

Employee Category: ☒ Classified ☐ Unclassified

WORK ASSIGNMENT CHANGES

Salary Changes	Moves	Leaves	Terminations	Miscellaneous
<input type="checkbox"/> Salary Adjustment _____ % <input type="checkbox"/> Hourly Rate Increase <input type="checkbox"/> Hourly Rate Decrease <input type="checkbox"/> Compensation Only <input type="checkbox"/> Education Incentive <input type="checkbox"/> Experience Incentive <input type="checkbox"/> Special Pay <input type="checkbox"/> Other _____	<input type="checkbox"/> Transfer <input type="checkbox"/> Upgrade <input type="checkbox"/> Promotion _____ % <input type="checkbox"/> Voluntary Demotion <input type="checkbox"/> Involuntary Demotion <input type="checkbox"/> Reassignment <input type="checkbox"/> FOC <input type="checkbox"/> Temp to Full-time <input type="checkbox"/> Fire 40 to 53 hrs <input type="checkbox"/> Fire 53 to 40 hrs	<input type="checkbox"/> Leave of Absence <input type="checkbox"/> FMLA <input type="checkbox"/> Intermittent FMLA <input type="checkbox"/> Short Term Military <input type="checkbox"/> Long Term Military (Active Duty) <input type="checkbox"/> Worker's Comp <input type="checkbox"/> IOJ <input type="checkbox"/> Suspension-Working Days _____ <div style="text-align: center;">Suspension End Date</div> <input type="checkbox"/> Administrative Leave <input type="checkbox"/> Return from Leave/Suspension	<input type="checkbox"/> Resignation <input type="checkbox"/> Dismissal <input checked="" type="checkbox"/> Termination <input type="checkbox"/> Reduction in Force (RIF) <input type="checkbox"/> Deceased <input type="checkbox"/> Disability (Fitness for Duty) <input type="checkbox"/> Retirement <input type="checkbox"/> Separation (Contract Mgmt) <input type="checkbox"/> Settlement - Do Not Rehire	<input type="checkbox"/> Reprimand <input type="checkbox"/> Reinstate CSB w/o pay <input type="checkbox"/> Reinstate CSB w/ pay <input type="checkbox"/> Rescinded by Dept <input type="checkbox"/> Rescinded by Empl <input type="checkbox"/> Status Change <input type="checkbox"/> Name/Address Change <input type="checkbox"/> _____ Specify

Second Assignment: ☐

Person Group:

☐ General
☐ Correction Sworn
☐ Fire Sworn
☐ Police Sworn

Department _____

Location Code _____

Assignment Category:

☐ Full-time Regular
☐ Full-time Temporary
☐ Part-time Regular
☐ Part-time Temporary

Temp Person Type:
(if applicable)

☐ Extra Help ☐ Intern
☐ Retiree ☐ Seasonal

Employee Category:

☐ Classified ☐ Unclassified

Position# _____

Job Title _____

Job Code _____

Grade _____ Step _____ (if applicable)

Hourly Rate \$

Annual Rate \$

Supervisor _____

FOC: ☐ YES ☒ NO

Job Code _____

Job Title _____

Grade _____ Step _____ (if applicable)

Approver ID 3925

Timekeeper ID 4263

Profile Type (Check One)

☐ Approver ☐ Timekeeper
☒ View Only (Empl)

Employee Lunch (Check one)

☒ 0 ☐ 30 ☐ 45 ☐ 60

Sign-on Method (check one)

☐ Desktop ☒ Clock Swipe
☐ Clock Bio ☐ Tele Access

GRE INFORMATION: City of Atlanta

Shift: ☐ Day ☐ Evening ☐ Night

Default Expense Acct	GL Account Info	Grant/Project	COMMENTS:
Fund: _____ Dept: _____ Acct: _____ Funcact: _____	Fund: _____ Dept: _____ Acct: _____ Funcact: _____	Project: _____ Task: _____ Award: _____ Exp Type: _____ Exp Org: City of Atlanta Allow project task time entry in Kronos: <input type="checkbox"/> YES <input type="checkbox"/> NO	Recruit Officer V. Williams is hereby terminated from employment; effective 7/24/2012. Passing the pre-employment policy is a requirement to become a Corrections Officer for the City of Atlanta. Per Jennifer Smalls (HR Manager)

Human Resources & Employee Benefits Use Only

Benefit Info	Payroll Info	Pension Info
<input checked="" type="checkbox"/> All Benefits <input type="checkbox"/> No Benefits <input type="checkbox"/> Health & Life <input type="checkbox"/> Sick Lv., Vac, Incr. <input type="checkbox"/> Medicare <input type="checkbox"/> Pension Health & Life <input type="checkbox"/> Continuation of Health Benefits <input type="checkbox"/> Wait 90 days	Grade _____ Step _____ Hr/Day/Rate _____ Standard Gross _____ Annual Salary _____	Pension Fund _____ Hospital Co. _____ Life Company _____ Pension Plan _____ Mar. Status/Date _____

_____ / _____ Employee Signature/ Date
 _____ / _____ Immediate Supervisor/Date
 _____ / _____ Bureau Head/Date

_____ 7/24/12 Form Completed By/Date
 _____ Certified by/Date
 _____ 7-25-12 Dept. Head/Date

Rec'd HR Date _____ To Generalist Date _____ Return from Generalist Date _____ TAD Processed Date _____



CITY OF ATLANTA
DEPARTMENT OF CORRECTIONS

NUMBER: 12-177-PO-DOC

EFFECTIVE DATE:

July 24, 2012

SUBJECT: Employee Dismissal

DISTRIBUTION: All Affected Employees and Command Staff

APPROVAL AUTHORITY TITLE: Interim Chief

SIGNATURE:

DATE SIGNED:

July 24, 2012

Effective Tuesday, July 24, 2012, Recruit Officer Vennie Williams is hereby dismissed from the Department of Corrections for failure to complete the pre-employment process.

Recruit Officer Vennie Williams will be leaving the department in good standing.



404 562 6828
U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
INTAKE QUESTIONNAIRE

Please immediately complete this entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). **REMEMBER**, a charge of employment discrimination must be filed within the time limits imposed by law, within 180 days or in some places within 300 days of the alleged discrimination. When we receive this form, we will review it to determine EEOC coverage. Answer all questions completely and attach additional pages if needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "N/A." (PLEASE PRINT)

1. Personal Information

Last Name: Williams First Name: Vennie MI: F.
Street or Mailing Address: 3485 Ellington Way
City: Atlanta County: Fulton State: GA Zip: 30349
Phone Numbers: Home: (N/A) Work: (N/A)
Cell: (404) 775-3713 Email Address: vennie.williams@gmail.com

Date of Birth: 01/05/1976 Sex: ☒ Male ☐ Female Do You Have a Disability? ☒ Yes ☐ No

Please answer each of the next three questions. i. Are you Hispanic or Latino? ☐ Yes ☒ No

ii. What is your Race? Please choose all that apply. ☐ American Indian or Alaskan Native ☐ Asian ☐ White

☒ Black or African American ☐ Native Hawaiian or Other Pacific Islander

iii. What is your National Origin (country of origin or ancestry)? USA

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: Naomi Gibbons Williams Relationship: Mother
Address: 3485 Ellington Way City: Atlanta State: GA Zip Code: 30349
Home Phone: (770) 774-9738 Other Phone: (770) 310-6658

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

☒ Employer ☐ Union ☐ Employment Agency ☒ Other (Please Specify) Dr. Alton R. Greene, MD

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here ☐ and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets.

Organization Name: City of Atlanta Department of Corrections

Address: 254 Peachtree Street, SW County: Fulton
City: Atlanta State: GA Zip: 30303 Phone: (404) 865-8001

Type of Business: Detention Center Job Location if different from Org. Address: N/A
Human Resources Director or Owner Name: Yvonne Cowser Yancy Phone: (404) 330-6360

Number of Employees in the Organization at All Locations: Please Check (✓) One
☐ Fewer Than 15 ☐ 15 - 100 ☐ 101 - 200 ☒ 201 - 500 ☐ More than 500

3. Your Employment Data (Complete as many items as you are able.) Are you a federal employee? ☐ Yes ☒ No

Date Hired: 06/07/2012 Job Title At Hire: Correctional Officer Recruit
Pay Rate When Hired: \$14.46 Last or Current Pay Rate: \$14.46

Job Title at Time of Alleged Discrimination: Correctional Officer Recruit Date Quit/Discharged: 07/24/2012

Name and Title of Immediate Supervisor: Lt. Johnson- New Hire Dept.
Applicant, Date You Applied for Job N/A Job Title Applied For N/A

4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

☐ Race ☐ Sex ☐ Age ☒ Disability ☐ National Origin ☐ Religion ☐ Retaliation ☐ Pregnancy ☐ Color (typically a difference in skin shade within the same race) ☐ Genetic Information; circle which type(s) of genetic information is involved:
i. genetic testing ii. family medical history iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: N/A

If you checked genetic information, how did the employer obtain the genetic information? N/A

Other reason (basis) for discrimination (Explain): N/A

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.

(Example: 10/02/06 – Discharged by Mr. John Soto, Production Supervisor)

A. Date: 07/24/2012 **Action:** Discharged by Lt. Johnson, New Hire Supervisor

I was discharged upon disclosing that my disability prevents me from passing urine for a drug test during a physical exam.

Name and Title of Person(s) Responsible: Lt. Johnson, New Hire Supervisor

B. Date: 06/03/2012 **Action:** Refused to sign medical exam report by Dr. Alton R. Greene, MD

After informing Dr. Greene that my body does not make or pass urine due to my disability he refused alternative means for drug testing to continue the medical exam.

Name and Title of Person(s) Responsible Dr. Alton R. Greene, MD

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

I was discharged after informing my employer that my disability prevents me from passing urine for a drug test.

I agreed to take a blood test and hair root sample but I was not provided any alternative or accommodating drug testing procedure for my disability that would have allow me to perform the drug test.

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?

Lt. Johnson, New Hire Dept- I had failed the physical because the doctor would not sign off on my physical.

Dr. Greene, MD - The was no other procedure to perform a drug test without me being able to pass urine.

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated better than you?

<u>Full Name</u>	<u>Race, Sex, Age, National Origin, Religion or Disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>
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A. N/A

B. N/A

Of the persons in the same or similar situation as you, who was treated worse than you?

<u>Full Name</u>	<u>Race, Sex, Age, National Origin, Religion or Disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>
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A. N/A

B. N/A

Of the persons in the same or similar situation as you, who was treated the same as you?

<u>Full Name</u>	<u>Race, Sex, Age, National Origin, Religion or Disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>
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A. N/A

B. N/A

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:

- ☒ Yes, I have a disability
☐ I do not have a disability now but I did have one
☐ No disability but the organization treats me as if I am disabled

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

I have end stage renal disease since 2003. My disability prevents my body from making and passing urine.

See attached letter from my attending physician.

11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?

☒ Yes ☐ No

If "Yes," what medication, medical equipment or other assistance do you use?

I have been receiving hemodialysis three (3) times a week since 2003.

12. Did you ask your employer for any changes or assistance to do your job because of your disability?

☒ Yes ☐ No

If "Yes," when did you ask? 06/03/2012 **How did you ask (verbally or in writing)?** verbally

Who did you ask? (Provide full name and job title of person)

Dr. Alton R. Greene, MD and Officer TM Hicks, New Hire Dept.

Describe the changes or assistance that you asked for: I requested a blood test for completing the drug test for my physical.

I had my current physican to provide a medical statement for my physical condition that was submitted to my employer.

How did your employer respond to your request? Rejected and refused to permit any further discussion.

13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

Full Name

Job Title

Address & Phone Number

What do you believe this person will tell us?

A. N/A

B. N/A

14. Have you filed a charge previously on this matter with the EEOC or another agency? ☐ Yes ☒ No

15. If you filed a complaint with another agency, provide the name of agency and the date of filing: N/A

16. Have you sought help about this situation from a union, an attorney, or any other source? ☐ Yes ☒ No
Provide name of organization, name of person you spoke with and date of contact. Results, if any?

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so either within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. If you do not file a charge of discrimination within the time limits, you will lose your rights. If you would like more information before filing a charge or you have concerns about EEOC's notifying the employer, union, or employment agency about your charge, you may wish to check Box 1. If you want to file a charge, you should check Box 2.

BOX 1 ☐ I want to talk to an EEOC employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the EEOC. I also understand that I could lose my rights if I do not file a charge in time.

BOX 2 ☒ I want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name. I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, genetic information, or retaliation for opposing discrimination.



Signature

VENNIE F. WILLIAMS

August 2, 2012

Today's Date

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are:

1) FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (9/20/08). 2) AUTHORITY. 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626. 42 U.S.C. 12117(a)

3) PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge. 4) ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters.

5) WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be used to provide the requested information.



Fresenius Medical Care

June 5th 2012

Re: VENNIE WILLIAMS

MEDICAL CLEARANCE

Mr WILLIAMS is under my care for the treatment of chronic kidney disease. He is presently in excellent health. He is:

- 1) Compliant with his treatments
- 2) on minimal stable medication that he takes without missing
- 3) In stable health. He is strong and vigorous

He is able to continue his work in a correctional facility without restriction. His only requirement is that he is able to come to dialysis treatments on his regularly scheduled times. Please call if you have questions

Michael Katz MD
Dr. MICHAEL KATZ
MEDICAL DIRECTOR

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

REVIEWED AND APPROVED BY:

INVESTIGATOR.

SUPERVISORY INVESTIGATOR.